

RECEIVED
FEC MAIL
OPERATIONS CENTER

Alcee Hastings
5010 SW 151st Terrace
Miramar, FL 33027

2004 SEP -8 P 12:49

September 7, 2004

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF
GENERAL
COUNSEL

1 SEP -8 P 1:30

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear General Counsel,

I am Alcee L. Hastings, M.C., one of the subjects of the Complaint referenced in your files as **MVR#5512**. I herewith enclose a written response following the numbered Counts one (1) through seven (7). My response is as follows:

Counts

1. This count has an attachment Complainant Exhibit 1. I hereby attach respondents exhibit 1 which is an affidavit in response to **FEC -04-205**.

I also assert that I have received no communication from the Broward State Attorney's Office.

2. The report referenced in Complainant's Exhibit 3, were obviously faxed from 954-735-9444. However, the accountant for the Hastings for Congress prepared the report. Further, said report was mailed certified to the FEC. No resources of the official Congressional office were used to complete the report.
3. The IRS taxes were in fact paid from the Hastings for Congress Campaign account pursuant to IRS law and requirements. See attached Composite Exhibit 2.

Payments made to Bank of America comply with IRS instructions "Make checks payable to the Depository." Payments of \$600.91 and \$595.53 are taxes that were due of a campaign certificate of deposit. This is reported on form 1120-Pol each year to the IRS pursuant to law. (See Respondent's Composite Exhibit 2).

The payment of \$2100.00, to the IRS on 12/23/02 was for 990-Pol organizations exempt from income tax. Penalty charges for Form 8868 extension denied.

25044130077

(See Respondent's Composite Exhibit 2).

The complainant, Alan Brown, has made remarks attributed to him in the media imputing that I, Alcee L. Hastings paid my personal income taxes from the Hastings for Congress Campaign account. I wish the Commission to know that I did not owe any personal income taxes. If needed, I can supply my personal income tax returns for the last five years.

- 4) A phone and fax line were physically located in the home of Arthur Kennedy. However, the Hastings for Congress Campaign paid for these as reported.
- 5) See answer to number 4 above.
- 6) The Hastings for Congress Campaign has used Post Office Box 9352. Until this complaint was filed I did not personally know that it was not paid for by the campaign.

I have not reimbursed anyone for this Post Office Box. I did not know, but should have known the particulars regarding the post office box. I await appropriate instructions from the Commission.

- 7) The Hastings for Congress Campaign has made numerous payments to Bell South. All payments, so far as I can determine have been for campaign related phone service. If the imputation is that I paid personal phone bills, then, I categorically deny same. (See Complainant's Exhibit 7), which bears the reporting indicia to the FEC for phone expenditures.

The Complainant's last paragraph speaks to information that ... "will be forwarded under separate cover." I have not seen any such additional information.

Finally, I do not believe the Commission has jurisdiction regarding the Complainant's count 1. However, in the interest of clarity I have submitted Respondent's Exhibit 1.

Please contact me with any further questions at the following 202-546-7425 or 954-447-0361.

Sincerely,


Alcee L. Hastings

25044130078

EXHIBIT 1

25044130079

AFFIDAVIT

RE: Case No.: FEC 04-205

Response to alleged violations in order as they appear in the above referenced complaint.

- a) I have no knowledge nor did I offer advice to the alleged group's registration status.
- b) I have no knowledge of accounting of alleged contributions
- c) I have no knowledge and I deny.
- d) I have no knowledge and I deny.
- e) I have no knowledge and I deny.
- f) I have no knowledge and I deny.
- g) My name is listed as reflected, but I have no knowledge of the preparation of the "guide."
- h) I have no knowledge and I deny.
- i) I have no knowledge and I deny.
- j) I have no knowledge and I deny.
- k) I have absolutely no knowledge and I deny.

25044130080



I swear or affirm that above responses are true and accurate to the best of my knowledge and belief.

Signature of Affiant/Respondent

Subscribed and sworn to before me this
____ day of _____, 2004 ____.

My commission expires:

25044130081

EXHIBIT 2

25044130082

AUGUST 26,2002

INTERNAL REVENUE SERVICE CENTER

OGDEN, UT 84201-0012

RE: FORM 8868 EXTENSION DENIED AUGUST 16,2002

TO WHOM IT MAY CONCERN

WE APOLIGISE FOR SENDING YOU AN INCOMPLETE
FORM. ENCLOSED YOU WILL FIND THE FORM WE INTENDED TO MAIL.
ALONG WITH FORM 990 RETURNS FOR 2001.

PLEASE ACCEPT OUR SINCERE APOLLIGY FOR THIS
MIX UP.

VERY TRULY YOURS,

MILDRED HASTINGS
TREASURER

2

25044130083

JANUARY 23,2003

**INTERNAL REVENUE SERVICE
MEMPHIS,TN 37501-0030**

**RE; NOTICE NUMBER : CP 504
NOTICE DATE : 01-13-2003**

**ATTACHED PLEASE FIND COPY OF PAYMENT OF PENALTY
CHECK # 2607, RECEIVED BY THE IRS ON DECEMBER 30,2002.**

**COPY OF CERTIFIED MAIL RECEIPT :-
7002 0460 0001 5636 7137**

**PLEASE NOTE THIS PAYMENT WAS SENT TO OGDEN, UT
84201-0039 (COPY OF ORIGINAL NOTICE ATTACHED)**

VERY TRULY YOURS,

MILDRED HASTINGS

25044130084

2000For calendar year 2000 or other tax year beginning JANUARY 1, 2000, and ending DECEMBER 31, 2000Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3) ☐

Please print or type	Name of organization HASTINGS FOR CONGRESS COMM.	Employer identification number
	Number, street, and room or suite no. (if a P.O. box, see page 4 of instructions) P.O. BOX 9352	Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here. <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2J). <input checked="" type="checkbox"/>
	City or town, state, and ZIP code FT. LAUDERDALE, FL 33310	

Check if: (1) ☐ Final return (2) ☐ Change of address (3) ☐ Amended return

Income	1	Dividends (attach schedule)	1		
	2	Interest	2	1772	94
	3	Gross rents	3		
	4	Gross royalties	4		
	5	Capital gain net income (attach Schedule D (Form 1120))	5		
	6	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6		
	7	Other income and nonexempt function expenditures (see instructions)	7		
	8	Total income. Add lines 1 through 7.	8	1772	94
Deductions	9	Salaries and wages	9		
	10	Repairs and maintenance	10		
	11	Rents	11		
	12	Taxes and licenses	12		
	13	Interest	13		
	14	Depreciation (attach Form 4562)	14		
	15	Other deductions (attach schedule)	15		
	16	Total deductions. Add lines 9 through 15	16		
	17	Taxable income before specific deduction of \$100 (see instructions.) Section 501(c) organizations show:			
	a	Amount of net investment income			
b	Aggregate amount expended for an exempt function (attach schedule)	17c			
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18	100	00	
19	Taxable income. Subtract line 18 from line 17c (If line 19 is zero or less, see instructions.)	19	1672	94	
20	Income tax (see instructions)	20	585	53	
21	Tax credits (Attach the applicable credit forms.) (see instructions)	21			
22	Total tax. Subtract line 21 from line 20	22	585	53	
23	Payments: a Tax deposited with Form 7004	23a			
b	Credit for tax paid on undistributed capital gains (attach Form 2439)	23b			
c	Credit for Federal tax on fuels (attach Form 4136)	23c			
d	Total. Add lines 23a through 23c	23d			
24	Tax due. Subtract line 23d from line 22. See instructions on page 3 for depository method of payment	24	585	53	
25	Overpayment. Subtract line 22 from line 23d	25			

Additional Information	1	At any time during the 2000 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (See instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name of the foreign country
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," the organization may have to file Form 3520.
	3	Enter the amount of tax-exempt interest received or accrued during the tax year \$
	4	Date organization formed
5a	The books are in care of	b Enter name of candidate
c	The books are located at	d Telephone No.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Melanie Hastings</i>	Date ____/____/____

Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP code	Date ____/____/____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN ____
	EIN ____		Phone no. () _____	

**U.S. Income Tax Return
for Certain Political Organizations**

Open to
Public
Inspection

OMB No 1545-0129

2001

For calendar year 2001 or other tax year beginning JANUARY 1, 2001, and ending DECEMBER 31, 2001

Check the box if this is a section 501(c) organization or a separate segregated fund described in section 527(f)(3) ☐

Please print or type	Name of organization <u>HASTINGS FOR CONGRESS COMM.</u>	Employer identification number :
	Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions) <u>P.O. BOX 9352</u>	Candidates for U.S. Congress Only (If this is a principal campaign committee, and it is the ONLY political committee, check here, <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2) <input type="checkbox"/>
	City or town, state, and ZIP code <u>FT. LAUDERDALE FL 33310-9352</u>	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

Income	1	Dividends (attach schedule)	1		
	2	Interest	2	1716	89
	3	Gross rents	3		
	4	Gross royalties	4		
	5	Capital gain net income (attach Schedule D (Form 1120))	5		
	6	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6		
	7	Other income and nonexempt function expenditures (see instructions)	7		
	8	Total income. Add lines 1 through 7.	8	1716	89
Deductions	9	Salaries and wages	9		
	10	Repairs and maintenance	10		
	11	Rents	11		
	12	Taxes and licenses	12		
	13	Interest	13		
	14	Depreciation (attach Form 4562)	14		
	15	Other deductions (attach schedule)	15		
	16	Total deductions. Add lines 9 through 15.	16		
Tax	17	Taxable income before specific deduction of \$100 (see instructions) Section 501(c) organizations show			
	a	Amount of net investment income	17c		
	b	Aggregate amount expended for an exempt function (attach schedule)			
	18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18	100	00
	19	Taxable income. Subtract line 18 from line 17c (if line 19 is zero or less, see instructions)	19	1616	89
	20	Income tax (see instructions)	20	600	91
	21	Tax credits (Attach the applicable credit forms.) (see instructions)	21		
	22	Total tax. Subtract line 21 from line 20.	22	600	91
	23	Payments: a Tax deposited with Form 7004	23a		
	b	Credit for tax paid on undistributed capital gains (attach Form 2439)	23b		
c	Credit for Federal tax on fuels (attach Form 4136)	23c			
d	Total. Add lines 23a through 23c	23d			
24	Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment	24	600	91	
25	Overpayment. Subtract line 22 from line 23d.	25			

Additional Information	1	At any time during the 2001 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name of the foreign country
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," the organization may have to file Form 3520.
	3	Enter the amount of tax-exempt interest received or accrued during the tax year \$
	4	Date organization formed
5a	The books are in care of	b Enter name of candidate
c	The books are located at	d Telephone No.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Mildred Hastings</u>	Date <u>03/27/02</u>
Paid Preparer's Use Only	Preparer's signature	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP code	EIN
		Phone no. ()

For Paperwork Reduction Act Notice, see instructions on page 6.

Cat No. 11523K

Form 1120-POL (2001)